

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/578736

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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36						
37						
38						
39	1					
40		1				
41		2				
42		1				
43		1				
44		2				
45		2				
46		2				
47		2				
48		2				
49		2				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56	1					
57		1				
58		2				
59		2				
60		1				
61		1				
62		2				
63		2				
64		1				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						